



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name JC CONCESSIONS	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 9/27/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3719 S. GALLITAIN	() Owner		
Owner JUAN GARCIA	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) JFO	Follow-up	Release Date
Owner's Address SAME	Summary of Violations: C__ NC__ R__		
Person in Charge JUAN GARCIA	Menu Type (See back of page) 1__ 2__ 3X 4__ 5__		
Responsible Person's E-mail N/A			
Certified Food Handler JUAN GARCIA			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
	C		HANDSINK IS SOILED NOT MAINTAINED clean	TODAY

Received by (name and title printed): Araceli Garcia	Inspected by (name and title printed): [Signature] - FSD
Received by (signature): [Signature]	Inspected by (signature): [Signature] - FSD
cc:	cc: